

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	APPLICANT(S)
							CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		
1							61	
2							62	
3							63	
4							64	
5							65	
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57								
58								
59								
60								
TOTAL IND.							TOTAL IND.	
TOTAL DEF.							TOTAL DEF.	
TOTAL CLAIMS							TOTAL CLAIMS	